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FAMILY NAME: NEIFER DELAY WAIVED (Y/N): N  
GIVEN NAME: WOLFGANG DEMAND RECEIVED (Y/N): Y  
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APPLICATION TITLES:

MULTIMEDIA SYSTEM,PORTABLE OPERATING DEVICE AND COMMUNICATION MODULE F  
OR USE IN SAID SYSTEM

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/600,352	<b>FILING DATE</b> 07/14/2000 <b>RULE</b> -	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2743	<b>ATTORNEY DOCKET NO.</b> 3046.052US0
<b>APPLICANTS</b> WOLFGANG NEIFER, FREISING, GERMANY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP99/00862 02/10/1999				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 298 02 270.2 02/10/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/24/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OF COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 1
Examiner's Signature <i>[Signature]</i> Initials		INDEPENDENT CLAIMS 1		
<b>ADDRESS</b> 020227				
<b>TITLE</b> MULTIMEDIA SYSTEM, PORTABLE OPERATING DEVICE AND COMMUNICATION MODULE FOR USE IN SAID SYSTEM				
<b>FILING FEE RECEIVED</b> 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	